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JPRS Report

Epidemiology

Epidemiology

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INTER-AFRICAN

Malaria Deaths in South Africa, Namibia, Zimbabwe

54000143 Johannesburg *THE CITIZEN in English*
8 Jun 88 p 11

[Text] Defence Headquarters confirmed in Pretoria last night that 42 members of the Defence Force were being treated in the No 1 Military Hospital at Voortrekkerhoogte for malaria.

None of the patients—brought to Pretoria from different commands throughout the Republic and the Operational Area—was in danger.

The latest increase in the incidence of the disease among members of the Security Forces follows a general increase in Malaria, including the emergence of a new strain, throughout the sub-continent this year.

Sources reported yesterday that more than 50,000 known cases of malaria have occurred in recent months along in the Matabeleland area of Zimbabwe.

In South Africa, malaria has been reported for the first time in many years in the north-west Cape.

And in South West Africa known deaths from the disease, it is learnt, are now heading for the 100 mark with nearly 2,000 known cases reported.

Among deaths from malaria recently were last year's Defence Force Chef of the Year, Warrant Officer Gordon van der Westhuizen (38) and, in Pretoria, well-known businessman Mr Boet Vorster, at the age of 53.

/12232

MOZAMBIQUE

Mavalane Hospital Increases Vaccinations

54000142c Maputo *NOTICIAS in Portuguese*
1 Jul 88 p 3

[Text] There were more children vaccinated under the Preventive Medicine Program at Mavalane General Hospital in Maputo during the month of May than in previous months.

According to figures given to our reporter by Vasco Chilaule, a technician in preventive medicine at that health unit, 1,175 children were immunized against various diseases, including diphtheria, whooping cough, and poliomyelitis, 491 received measles vaccines, and the same number was vaccinated against tuberculosis.

Vasco Chilaule also said that 800 pregnant women were immunized against tetanus and students from five educational institutions were given medical examinations to determine their state of health, so that preventive measures could later be applied.

According to the same source, in May Mavalane General Hospital launched a door-to-door campaign directed at controlling vaccinations by visiting the homes of patients and informing people as to the importance of and need for preventing diseases, particularly in children. This action resulted in increased numbers of patients coming to the hospital to prevent various diseases.

Mavalane General Hospital has the capacity to vaccinate an average of 120 persons a day.

09805

UEM Medical Students Begin Door-to-Door Vaccination Programs

54000142b Maputo *NOTICIAS in Portuguese*
28 Jun 88 p 8

[Text] Under the Extended Vaccination Program, students from the School of Medicine at Eduardo Mondlane University [UEM], in coordination with the city's health agencies, will be conducting door-to-door visits in the communities of Malanga and Mafalala as part of their July Activities (AJU/88). Their objective is to make the people aware of the importance of and need for immunizing children and pregnant women, and of how to prevent burns.

According to what our reporter learned from a source in the Center for Preventive Medicine and Medical Examinations, a course to train the students involved in this work began yesterday.

During this 1-week training session, to take place at the Center for Preventive Medicine and Medical Examinations, the students will be taught how to conduct the visits, which are scheduled to take place next month.

"In this short course the students from the University's School of Medicine who will be assigned to the Center for preventive Medicine and Medical Examinations during their free time will learn appropriate ways to teach people about the importance of and need for vaccinations," our source said.

She pointed out that in addition to students from the School of Medicine, teams of workers from health centers, the Red Cross of Mozambique, the Department of Social Communications, and students from various educational institutions in the capital would also be making these visits. She also said that they intended to change the pressure tactics used in the past to persuade people into an extensive information campaign so that the people would go voluntarily to health units.

"In previous years during door-to-door campaigns, the teams would not only inform the people about the importance of vaccinations but would practically use coercion on those who had not met their medical schedules. And this is what we want to avoid in these visits, because the important thing is for the people to understand the need to vaccinate their children and to go voluntarily to the health centers," the spokeswoman from the Center for Preventive Medicine and Medical Examinations indicated.

Speaking about the results of the work accomplished since the start of the year to inform people about the importance of vaccinations, a program which has involved Party and government agencies in the capital, People's Democratic Organizations, and the health workers themselves, our source regarded them as relatively satisfactory.

Prevention of Burns

During these door-to-door visits, the students from the School of Medicine of Eduardo Mondlane University are not only going to talk to people about the importance of immunizing children and pregnant women, but are also going to explain about the dangers of fire.

To this end, last weekend there was a meeting at the city's Center for Preventive Medicine and Medical Examinations involving people working in preventive medicine in various health centers in the city to discuss the major causes of burns and ways to prevent them.

It was mentioned that recently many patients with severe burns, especially children, had been admitted to the various specialized infirmaries of the Central Hospital in Maputo.

09805

ZIMBABWE

Malaria Deaths in Mutare

*54000142a Maputo NOTICIAS in Portuguese
28 Jun 88 p 8*

[Text] Over 120 people died of malaria in a 2-month period at the Mutare city hospital on the Zimbabwean border, according to a ZIANA report.

The Zimbabwean news agency quoted Dr Samuel Makanza, the physician in charge of the Mutare general hospital, who said that there had been a high incidence of malaria caused by mosquitos born in the stagnant water left after a heavy rainy season.

"It has been very bad during the past 2 months," Makanza said. "The hospital has been recording 2 or 3 deaths a day," he added.

In May the health authorities in the western province of Matabeleland recorded 95 deaths from malaria, including 9 in the provincial capital of Bulawayo.

The health authorities also said that there had been an increase in malaria cases in Zimbabwe's central provinces, but that statistical data were not yet available.

09805

Medical Officer Reveals New Military Policy on AIDS

54200046 Toronto THE GLOBE AND MAIL in English 24 Jun 88 p. A4

[Article by Joan Breckenridge: "AIDS Tests Mandatory for Soldiers Going to U.S."]

[Excerpts] Canadian Forces personnel must now submit to a mandatory AIDS test before they can go to the United States for specialized military training.

However, the new military policy on AIDS firmly rejects mandatory testing of all of Canada's 87,000 military personnel.

The estimated 1,000 people a year affected by the mandatory testing directive can refuse to take the test, but by doing so they would give up the chance to obtain training unavailable here and deemed essential to the forces' operational effectiveness.

The directive is in response to a U.S. Defence Department policy requiring all foreign military personnel to test negative for AIDS before participating in training that could lead to injury and the subsequent use of emergency "buddy system" blood transfusions.

It does not affect those travelling to the United States to take up embassy, liaison or NORAD postings or to engage in classroom training.

Canada has no plans to impose a similar policy on foreign military personnel coming to this country.

Voluntary and Red Cross screening, as well as clinical diagnosis, have turned up five cases of acquired immune deficiency syndrome and nine cases of exposure to the virus in Canada's forces. Two of the AIDS sufferers have died.

In the majority of cases, exposure has been attributed to both heterosexual and homosexual contact, although in a couple of the cases, no risk factors have yet been established. All those affected have been men.

"Certainly, the potential for using unscreened blood in the battle field exist," said Lt.-Col. Martin Tepper, a medical officer in the Directorate of Preventive Medicine at National Defence Headquarters in Ottawa.

The military regards its members as walking blood banks to be tapped in times of emergency. An infected soldier who donated his blood to an injured comrade on the battlefield or after a training accident could give him AIDS.

"The risk, though, by and large, is pretty low compared with the rather large risk of dying if you don't get a transfusion," Dr. Tepper said during a recent telephone interview about the AIDS policy, which came into effect in mid-May.

Dr. Tepper said that "widespread testing of low-risk populations for HIV has not been felt to be a useful endeavor," and this is why mandatory testing of Canadian personnel was rejected.

With only 14 exposures to date, the military population is considered to be at very low risk. The current rate of exposure in a military population of 87,000 is one in about every 6,000.

Canada's AIDS policy stresses education, voluntary contact tracing and free condoms as the means of preventing the spread of the virus.

/06662

New Brunswick Mollusk Ban Declared Due to Red Tide

54200047 Ottawa THE OTTAWA CITIZEN in English 23 Jun 88 p. A19

[Text] St Andrews, N.B. (CP)—Red tide has hit parts of New Brunswick's northeast coast for the first time ever in sufficient quantities to force the federal Fisheries Department to close them to mollusc harvesting.

The closed area includes Kouchibouguac National Park, where clamdigging is a popular attraction for campers.

Red tide, known officially as paralytic shellfish poisoning, temporarily contaminates clams, mussels, quahogs and oysters. Other shellfish such as lobsters, scallops and crabs are not affected because their digestive systems do not store the toxin as molluscs do.

A fisheries spokesman said the ban will remain in effect until tests show the level of toxin has declined in the molluscs.

/06662

AIDS Prevention Program Outlined

54004809a Beijing ZHONGGUO YIYAO ZAZHI
[NATIONAL MEDICAL JOURNAL OF CHINA] in
Chinese Vol 68, No 1, Jan 88 pp 2-4

[Article by Sun Xinhua [1327-2450-5478], Sanitation and Antiepidemic Section, Ministry of Public Health. ["AIDS and Its Prevention in China"]]

[Excerpts] Ours is a country with a large population to which a steadily increasing number of foreigners have come to work, to study, to do business, and to travel since the adoption of the policy of opening to the outside world. In addition, the number of people that China has sent to other countries to work and to study has also steadily grown. Prevention of an epidemic disease such as AIDS in China is a matter of major importance affecting the health of 1 billion people and the smooth building of the four modernizations. This has become one of the important tasks in the health work of the country. Since 1984 health units have intensified their efforts to guard against AIDS. As of now, five imported cases of the disease have been found in mainland China; however, no instance has been found in which a Chinese resident of mainland China has contracted AIDS.

During the past 3 years, China has taken some preventive actions and done much work in the prevention of AIDS as follows:

1. It has set up an AIDS prevention work team. This work team is made up of specialists in medical health administration, epidemic diseases, pathology, clinical work, and Chinese traditional medicine. Their duties are to guide the work of AIDS prevention throughout the country, to do technical consulting, and to offer suggestions for the formulation of plans, policies, major organizational and technical measures, scientific research, and training for the prevention of AIDS in China. Some provinces such as Zhejiang and Fujian have set up counterpart teams.

2. Formulation of the "National AIDS Prevention Program" has as its goal "halting the entry from abroad, the occurrence, and the spread of AIDS, and reducing the incidence of disease and deaths caused by the AIDS virus." Preparations have been made ranging from assembling leaders, setting up specialized organizations, and providing publicity and education, training, monitoring, quarantining, and research.

3. AIDS has been made a reportable infectious disease, and one of the infectious diseases to be quarantined and monitored in China as part of greater emphasis on control. AIDS sufferers and carriers are prohibited from entering China, and the importation of all blood products, except serum albumin, is forbidden in order to strictly guard against the importation of AIDS.

4. AIDS monitoring stations have been set up in the key cities of Beijing, Shanghai, Guangzhou, Fuzhou, Hangzhou, Xian, and Shenyang. Incomplete statistics show that serological testing for AIDS has been done on approximately 10,000 people in key groups.

5. Health, news, and publishing units are using a combination of newspaper, magazine, radio broadcasting, and television to educate, teach society about AIDS, publicize the causes of AIDS, the ways in which it is transmitted, symptoms, diagnosis, prognosis, and preventive measures so that the public can deal correctly with AIDS. In addition, education of medical treatment personnel has been improved to prevent their on-the-job infection with AIDS. Health departments in some provinces (Guangdong and Shandong) have printed information booklets and posters on the prevention of AIDS for widespread publicity.

6. Technical training classes have been run for the training of specialists in AIDS. Approximately 10 such classes were run during 1986 and 1987 to train provincial and municipal basic level permanent technical cadres involved in epidemic disease, clinical, and examination work. AIDS monitoring, examination, and diagnosis can now be done at the basic level in most provinces and municipalities.

AIDS is spread mostly via the blood and sexual intercourse. The traditional life style of the Chinese people, their sense of morality, and the social system help in guarding against AIDS. However, with the economic and cultural opening to the outside world, and the increase in tourism, the possibility exists that AIDS can be imported into the country and become epidemic. We cannot just sit back and relax or treat the situation lightly; we must increase vigilance and take rigorous action to protect the health of our 1 billion people. Current efforts in AIDS prevention are concentrated mostly in the following three fields:

1. Continued improvement of public publicity and education, and the training of special technical personnel. This includes the filming of AIDS prevention movies and television films, and the printing of posters, booklets, and prevention handbooks so that the public will both understand the danger that AIDS poses and will protect themselves, and will also not be needlessly frightened. Improvement in the quality of technical personnel will help timely discovery of sources of infection and taking action to prevent the spread of AIDS.

2. In improving the monitoring of AIDS, not only should monitoring stations be better staffed and professional standards be improved, but provinces and municipalities that are able should expand their monitoring work, and strengthen their local monitoring capabilities in order to monitor more people.

3. Foreign experiences in AIDS prevention should be diligently studied and summarized, and then applied, with conditions in China in mind, to the building and perfection of a control system for the prevention of AIDS in China. International cooperation and exchanges of scientific information should be bolstered.

On 1 February 1987, the World Health Organization established a special AIDS program for the purpose of supporting and strengthening national AIDS programs throughout the world, to play a global guiding role, to coordinate international cooperation, and to participate in campaigns of common interest. China is cooperating actively with the World Health Organization to obtain timely information about WHO and individual countries' control actions, and the newest developments and progress with regard to AIDS. Modern science and technology is changing with each passing day, and AIDS research is likewise developing at full speed. People are steadily gaining a more profound and more complete understanding of AIDS. If all the countries of the world will work together, not only can AIDS be prevented, but it can be controlled and eradicated.

9432

Application of Monoclonal Antibodies To Detection of HBsAg Subtype

5400481096-Beijing ZHONGHUA YIYUE ZAZHI
[NATIONAL MEDICAL JOURNAL OF CHINA] in
Chinese Vol. 68, No. 1, Jan. 88 pp. 49-50

[Article by Hou Yong [0186 0516], Pathology Section, PLA Hospital No. 302, and Liu Yanfang [0491 1750 0119] and Yang Xiaoyan [2799 2556 3601], Pathology Teaching and Research Section, Fourth Military Medical University. "Application of Monoclonal Antibodies to Localized Detection of HBsAg Sub-types"]

[Text] Formerly the blood serology method was used in the detection of type B hepatitis antigen (HBsAg) subtypes. We applied three different Chinese-prepared HBsAg antigen determinant monoclonal antibodies (McAb), to the immunohistological chemical staining of paraffin sections of hepatopathic tissue. Then we made comparisons with polyvalent antibodies, observing the locations of "a", "d", and "r" antigen determinants. We also observed positive hepatocellular carcinomas (HCC) and cirrhotic tissue (CL) of different HBsAg sub-types having pathomorphological features. A report appears below.

1. Materials and Methods

A total of 184 archived hepatitis tissue specimens obtained from both cadavers and living patients were supplied by 10 units in eight of China's provinces, municipalities, and autonomous regions. Of the total, 86 had HCC, 61 had CL, and seven had hepatitis. The remaining 30 had other hepatic diseases (such as hepatic duct cell carcinoma, and cavernous hemangioma of the

liver), which were used as controls. The main antibodies came from HBsAg antigen determinants "a", "d", and "r" McAb that had been prepared by the Pharmaceuticals and Biologicals Certification Institute of the Ministry of Public Health.

The principal method used was the four step PAP method. First, polyvalent antibodies and a mixture of the "a", "d", and "r" McAb (at a ratio of 3:1:1) were used in the PAP staining of the above mentioned specimens. Then each of the three kinds of McAb were used for the continuous PAP staining of sections from the HBsAg-positive patients that had been screened out. Usually, for the positive cases, just once was sufficient to show positive staining. In order to be sure about the results, the McAb were used in the staining three times of those cases that had stained negative. Finally, the HBsAg sub-type was determined on the basis of whether or not there was three kinds of antigen determinants in each sample of tissue. (See Table 1). In addition, each specimen was HE stained. The HCC were divided into four grades using the Edmondson^[1] indicators. The CL were divided into macronodular, micronodular or not completely segregated types using the WHO standards^[2]. The extent of CL pathogenic change and activity was rated slight, medium, or severe^[3].

Table 1. Different Staining Results and Correlation to HBsAg Sub-type

| | HBsAg Sub-type | | | |
|------------|----------------|-----|-----|-----|
| | adr | adw | ayr | ayw |
| Anti HBs/a | + | + | + | + |
| Anti HBs/d | + | + | - | - |
| Anti HBs/r | + | - | + | - |

Of the 184 hepatic disease tissue specimens, 124 showed positive for HBsAg. The HBsAg positive test rates were: HCC 65 percent (56/86), CL 90 percent, hepatitis 3/7, and control group 33 percent (10/30). Sub-type test results were: adr, 114 cases, adw, 2 cases, ayw, 7 cases, and ayr, 1 case. Three kinds of McAb were used to stain each of the adjoining sections of the adr sub-type, and the distribution of positive locations was substantially the same. However, some staining results were strong and others weak, and the progression was from anti HBs/a to anti HBs/r to anti HBs/d. Multivalent antibody comparison showed the McAb stained results to be characterized as follows: Strong specificity, distinct background and weak non-specific staining. The anti HBs/a and the multivalent antibodies had identical positive locations and positive test rates.

The 10 cases of non-adr type hepatopathic tissue was morphologically observed. Observations are shown in Figure 2. Characteristics of the HBsAg positive specimens that showed up under the microscope were as follows. The HBsAg was mostly of three kinds (inclusion bodies type, membrane type, and total cytoplasm type)

found in the cytoplasm of the liver cells and the liver carcinoma cells. In the non-cancerous tissues, positive cells were irregularly distributed in scattered, focal, or diffuse groups. In particular, a fairly large number of the HCC cases combined with CL were found in the atrophied liver cells along the sides of the carcinoma, where they were concentrated in a band (See Figure 1). In 24 of the 86 cases of HCC cancerous tissue, HBsAg positive

material was found in the cancer cell cytoplasm, however, in most of the patients, positive cancer cells were very few, and most were close to the edges of the cancer tissue. Nearby were frequently large amounts of non-cancer positive liver cells. In a small number of patients, there were a substantial number of positive cancer cells. Where the number was greatest, in virtually all the cancer cells could be found HBsAg positive matter (See Figure 2), while in the surrounding non-cancerous tissue, only a few positive cells were seen.

Table 2. Pathomorphological Characteristics of 10 Cases of HBsAg Sub-type Hepatic Tissue

| Patient No. | Sub-type | Pathological Diagnosis | Degree of Liver Cancer Differentiation | Cirrhosis | | |
|-------------|----------|-------------------------|--|--------------|--------|----------|
| | | | | Type | Degree | Activity |
| 1 | ayw | CL | No liver cancer | Macronodular | Severe | Severe |
| 2 | ayw | HCC | IV | Macronodular | Slight | Slight |
| 3 | ayw | HCC | IV | | None | |
| 4 | ayw | HCC | II | | None | |
| 5 | ayw | HCC | IV | | None | |
| 6 | ayw | HCC | IV | | None | |
| 7 | ayw | Liver turning cancerous | No liver cancer | | None | |
| 8 | adw | CL | Same as next above | Macronodular | Severe | Severe |
| 9 | adw | CL | Same as next above | Micronodular | Medium | Severe |
| 10 | ayr | Slow acting liver | Same as next above | | None | |

HBsAg positive matter was also seen in the cytoplasm of some patient's cholangiolar epithelium cells and Kupfer's cells, and in the nuclei of a small number of liver cells. In two cases, HBsAg positive matters was found in the small veins of liver interstices.

3. Discussion

Among the five kinds of antigen determinants in the HBsAg sub-type, d and y, and r and w pairs were sub-type determinants controlled by and mutually repulsed by allelic genes. The absence of a certain sub-type determinant among HBsAg positive patients indicated the existence of another sub-type determinant for its allelic gene. On this basis, we designed a method using three different antigen determinants (a, d, and r) McAb to test for four different main sub-types. Since archived paraffin specimens keep better than blood serum, when pathological retrospective HBsAg sub-type epidemic disease tests are done, their use is superior to existing serological methods. In immunohistological chemical research, HBsAg McAb is a more ideal reagent than polyvalent antibodies. The differences in results from the three kinds of McAb staining were identical with the antigen determinants' antigenic strength (a being greater than r, which was greater than d, which was equal to or greater than y, which was equal to or greater than w).

Among the 124 HBsAg positive cases, 114 were adr sub-types. This squares with the results obtained from the blood serum communicable diseases survey conducted in China (particularly north China) in which the

adr sub-type was dominant. A look at the HBsAg positive detection rate reported in this article shows an extremely close correlation between HCC and CL and hepatitis B virus (HBV). The detection rate, which was higher than for the controls, has statistical significance (χ^2 test P less than 0.01). This differs from the ayw sub-type patients shown in Table 2 where five of seven ayw sub-types were HCC, the degree of differentiation showing a great amount of difference (four cases at grade IV, but only one case being concurrent with light CL in the early stage, and one case in which there was no liver cancer but CL was severe and activity marked). Despite the too small number of patients, one cannot come to the conclusion on the basis of the statistics that the ayw sub-type positive HCC and CL are not closely correlated, and poorly differentiated. This phenomenon merits further study using a large number of patients. The above method provides a feasible technique for the pathomorphological study of HBsAg sub-type levels.

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(Draft received on 1 November 1986, revised and returned on 12 Sept 1987)

9432

Role of Academy of Preventive Medicine Hailed

5400480 "c Beijing JIAN KANG BAO in Chinese

5 Mar 88 p 3

[Article by Zheng Lingqiao [6774 7227 11564]: Chinese Academy of Preventive Medicine Harvests Bumper Crop in 1987. Takes the Lead in the Prevention of Infectious Diseases and Parasitic Diseases and in Solving Major Health Problems"]

[Text] The Chinese Academy of Preventive Medicine showed outstanding achievements in its research work during 1987, the entire Academy taking on 335 separate scientific research projects, including high technology projects for the state and the tackling of Seventh 5-Year Plan problems, spark plans, and inviting tenders for natural science funds accounting for 45.4 percent of the total. At the end of 1987, 98.4 percent of key projects had been completed, three of them earning state prizes for scientific and technical progress, one winning a national prize for invention, and twelve receiving Ministry of Health prizes for science and technology.

As a result of its ability to take firm control of key technical elements in health and epidemic prevention work, the Chinese Academy of Preventive Medicine exhibited ability to deal with important emergency epidemic situations. On 13 occasions during 1987, the entire Academy sent out joint survey teams, exhibited technical superiority in multiple disciplines on 12 occasions, rapidly assessed the cause of illnesses, and made recommendations for the control or handling of epidemic situations or poisonings. From the time that the first AIDS case was brought into China in 1985, it took the Academy only somewhat more than 2 years to develop and produce a diagnostic reagent, to isolate the virus, and to organize nationwide monitoring.

In the course of working on epidemiology, the Academy delved into basic research and laboratory research, frequently finding new measures and new methods applicable to the prevention of diseases. Noticing a low incidence of disease in children having lactose fermenting bacteria, it went on to discover that these bacteria had many antigen groups in common with the protein on the membrane of meningitis cocci and lipid oligosaccharide, and it verified that their use in the preparation of live vaccines could protect animals against attacks from meningitis bacteria. Both safe and effective, this lay a good foundation for the prevention of the B group of epidemic encephalitis.

In the realm of prevention and treatment of parasitic diseases, the institute engaged in protracted on-site and laboratory research in the prevention and treatment of

schistosomiasis. It proposed the suiting of general methods to circumstances inside embankments and on outside flats for "complete eradication of snails and active treatment of sick people and sick livestock," or "taking chemical treatment as the key link supplemented with eradication of snails in readily infected areas" as prevention and treatment measures.

The Chinese Academy of Preventive Medicine has adapted biological techniques and new techniques to all phases of prevention. It currently has more than 20 diagnostic reagents developed from the application of biological techniques, more than 10 of which have become products. Successes have been scored in experimental research and the development of a genetically engineered vaccine for type B hepatitis, and in research on bovine vaccine for type B hepatitis, and in research on bovine vaccine vectors simultaneous expression of type B and EB viruses. Heartening progress has also been made with bovine vaccine systems and with research on protein engineering.

In 1987, the academy set up a long distance communications network with 26 provinces, central government administered municipalities, and autonomous regions. Computer communications for the reporting of epidemic situations is now in trial operation.

09432 06662

Emphasis on Epidemic Disease Prevention, Treatment Urged

5400480 "d Beijing JIAN KANG BAO in Chinese

5 Mar 88 p 2

[Article by Tang Shuangzhen [3282 7175 2182], Zheng Guang [2582 0342], Tong Zhifu [0157 0037 1788], and Liu Kangmai [0491 1660 6701]: "Prevention and Treatment of Infectious Diseases Remains the Focus of the Nation's Sanitation and Disease Prevention Work"]

[Text] Statistics from some of the nation's cities on death rates and causes of death from the top 10 diseases show that in 1957 acute infectious diseases and tuberculosis occupied second and third placed after diseases of the respiratory system. By 1986, after contagious diseases (except for tuberculosis) as a cause of death had slipped to 10th place, tuberculosis had also dropped to 7th place. By contrast, the position of coronary disease, cerebrovascular disease, and malignant tumors as a cause of death had gradually advanced until 1986 when these three diseases held the first three places as a cause of death. Consequently, some experts feel that the future emphasis of the nation's sanitation and disease prevention work should be shifted to non-infectious diseases.

We feel, however, that the focus of the nation's sanitation and disease prevention work should remain on infectious diseases at the present stage. This is because analysis of causes of death is only a fairly limited indicator that is unable to reflect the important effect of

In researching antigen subgroup monoclonal antibodies on the surface of type B hepatitis viruses, they established five strain cell systems that have been tested and verified as being of fine quality by the Pasteur Institute in France. Joint research is currently underway with the Loyang Sino-American Biological Engineering Company, which has established type B hepatitis virus surface antigen subgroup reagents in China for use in type B hepatitis prevention and treatment, and research work

09432 06662

Progress Made in Third Generation Hepatitis B Vaccine Development

5400480 *a Beijing RENMIN RIBAO in Chinese*
24 Mar 88 p 3

[Article by Lu Guoyuan [7120 0948 0337]: "China Developing a third Generation Hepatitis B Vaccine Applies Gene Engineering Recombination To Complete Part One of a 'Trilogy'"]

[Text] Xinhuashe Shanghai Dispatch, 23 March—After China's scientists successfully developed an experimental vaccine, namely a second generation hepatitis B vaccine, which is a "genetically engineered vaccine," they recently scored important advances in the development of a third generation type B hepatitis vaccine, a "genetically engineered hepatitis type B vaccine virus with a pre-S zone." They applied genetic engineering techniques to recombine successfully a "type B hepatitis genetically engineered vaccine virus strain with a pre-S zone." This is the first part of a "trilogy" in the application of genetic engineering techniques to the development of a third generation type B hepatitis vaccine, and it is also the foundation for all development work

The reason type B hepatitis vaccine can confer lifelong immunity is that the antigen proteins on the surface of the type B hepatitis in the vaccine have a powerful ability to neutralize the virus, thereby preventing the virus from infecting the human body. These surface antigen proteins have three different components, namely primary proteins, medium molecule proteins, and large molecule proteins. Existing first generation vaccine of blood origin and second generation genetically engineered vaccine have only primary protein

Research during recent years has shown that segments in which medium molecule proteins and large molecule proteins occur in large amounts, which scientists term the "pre-S zone," are better able to produce neutralizing antigens, thereby halting viral infection. If it is possible to develop a genetically engineered vaccine having a pre-S zone, that would greatly improve quality. It has also been found that somewhat less than 10 percent of the population at large is able to produce a response to vaccines containing only primary proteins. So, even if these people are injected with first and second generation type B hepatitis vaccine, it will not make them immune. However, genetically engineered vaccine containing pre-S zones can help these people get rid of the type B hepatitis problem. Today, genetic engineered companies throughout the world are vying with each other to develop this new vaccine, which has been termed the third generation type B hepatitis vaccine

After the research team headed by Li Zaiping [2621 6528 1627], a researcher at the Shanghai Institute of Biochemistry of the Chinese Academy of Sciences, scored breakthroughs in the development of a genetically engineered type B hepatitis vaccine in 1985, they immediately started research on a genetically engineered vaccine containing a pre-S zone. After 2 years of exploration, they made steady advances in late 1987 and early 1988. A series of tests has verified that recombined virus strains carry pre-S zones and that they can, under certain conditions, effectively be secreted into a culture medium liquid to form particles. This shows the success of recombined virus strains

09432 06662

Shanghai's 'Hepatitis Plague' Dies Down

HK 2007141288 *Beijing ZHONGGUO XINWEN SHE in Chinese* 0239 GMT 16 Jul 88

[Text] Beijing, 16 Jul (ZHONGGUO XINWEN SHE)—The menacing "hepatitis plague" in Shanghai has now completely died down. According to the figures provided by relevant department in Shanghai, some 310,746 people had this disease and 32 died of it

The hepatitis plague began to spread in Shanghai in mid-January this year and has been under control since the last 10 days of February

Shanghai's public health and epidemic prevention department has verified that this disease came from the dirty clams the local residents were eating

HONG KONG

Hepatitis B Threatens Young Ethnic Chinese
54400106 Hong Kong *SOUTH CHINA MORNING POST* in English 17 Jun 88 p 3

[Text] Local children are far more at risk in contracting hepatitis B than expatriates, a study has found.

The survey, prepared for the newly-formed Hongkong Association for the Study of Liver Disease, found that 70 to 80 percent of young ethnic Chinese carriers had a highly-infective form of the disease.

Only 15 to 20 percent of European sufferers belonged to the highly-infective group.

Dr Anna Lok, who conducted the survey, said: "This means that local children and teenagers are most likely to pass the disease to others."

Children can be infected during rough-and-tumble play with carriers, while teenagers risk sexually contracting the disease.

Some people infected with hepatitis B never develop symptoms. Others risk suffering potentially fatal liver diseases such as cirrhosis or cancer.

Two-thirds of cirrhosis cases and more than 90 percent of liver cancer in Hongkong is linked to Hepatitis B.

Vaccination is the most effective method of preventing the disease.

New-born babies of carrier mothers are currently vaccinated under a government health program which is being extended later this year to all new-borns.

INDONESIA

First AIDS Victim

BK3107100488 Jakarta *KOMPAS* in Indonesian 22 Jul 88 pp 1, 8

[Summary] A 35-year-old man has become the first Indonesian to have died of Acquired Immune Deficiency Syndrome, AIDS. Dr Gunawan Suryadi, secretary to the Health Department's committee in charge of combatting AIDS, disclosed that the man, whose name is withheld at his family's request, died at a hospital in Denpasar, Bali, on 23 June 1988.

SOUTH KOREA

AIDS Health Division Established

SK2907235788 Seoul *THE KOREA HERALD* in English 30 Jul 88 p 3

[Text] The government, alarmed by the growing number of Koreans with AIDS, will establish an AIDS division at the National Institute of Health.

The institute's Endemic Division and its AIDS Center will be merged to create the new division.

Restructuring of the state-run institute was approved at Thursday's cabinet meeting.

The new division will administer final antibody tests commissioned by hospitals and other health centers.

AIDS-related policies are currently drawn up by the Preventive Medicine Division at the Ministry of Health and Social Affairs.

Twenty-seven Koreans have been tested positive for the AIDS virus or been confirmed as AIDS patients. Four of them, two AIDS patients and two carriers, have died.

Fourteen AIDS victims have been reported so far this year.

By occupation, 11 hostesses working at bars near U.S. military bases top the list of AIDS victims, followed by six seamen and three overseas Koreans.

Under Korea's tough Anti-AIDS Law, prostitutes and women working in bars, nightclubs, coffee shops and entertainment places are required to undergo an antibody test for the AIDS virus. Ocean-going seamen are also subject to mandatory AIDS test when they return home.

BRAZIL

AIDS Incidence Climbs Among Drug Users

54002169a Rio de Janeiro O GLOBO in Portuguese
10 Jul 88 p 36

[Text] Concerned about the increased incidence of AIDS among users of injectable drugs, experts from the Ministry of Health are preparing an educational campaign aimed specifically at that risk group. The first of its kind in the country, it will be launched in October, and its intent is to reach a group considered alarming. Since the beginning of the year, drug addicts have become the group that is growing fastest among AIDS patients, supplanting homosexuals.

The authorities are afraid that the illness is being spread by drug users, since they represent the main avenue of AIDS transmission to heterosexuals and children, through maternal contagion.

According to the Coordinator of Social Communication of the Ministry of Health, Nunzio Briguglio, who is responsible for the campaign, the increase in this risk group is creating a problem that is difficult for the Ministry to solve. Of all the groups involved with AIDS, drug users are the most difficult to reach; the experience of physicians has shown that users are not aware of appeals regarding prevention and precaution.

Ministry of Health statistics indicate that, while drug users represented 3.5 percent of AIDS cases in April, they represented 8.1 percent in May, a growth rate of about 5 percent in only 1 month. If this rate is maintained, it is forecast that in a short time the AIDS profile in Brazil will be the same as that in the United States, where drug users figure as the most numerous risk group.

What is even more similar in the behavior of the illness in the two countries is that, as the number of drug user AIDS victims grows, the incidence of AIDS among homosexuals has diminished; health experts attribute this datum to the campaigns of awareness and prevention developed for the homosexual risk group.

According to the Coordinator of the Executive Group for AIDS Education and Training of the Secretariat of Health for the State of Sao Paulo, Maria Eugenia Lemos Fernandes, the main difficulties in preventative work with drug users are: identifying who they are, bringing them into medical treatment, and convincing them to change their habits, especially with regard to sharing needles.

"The use of shared needles is directly related to drug dependency. The addict will do anything, and he grabs the first needle that he sees. This habit is a part of the drug ritual."

C.L.S., 17, hospitalized at the Emilio Ribas Hospital in Sao Paulo, never imagined that he could contract AIDS through drugs. Although he knew that the use of shared needles was risky, he always regarded the problem as something that had nothing to do with him. C.L.S. says that his drug group sometimes consisted of more than 15 persons, and he now thinks that many of them are contaminated. But even this will not cause him to tell them he has AIDS. He confesses to being afraid of being discriminated against or abandoned, and describes a distasteful picture:

"The truth is that nobody even cares about AIDS. Drugs are strong, and that's all they care about. For the addict, life is very close to death, so you can imagine how much attention he is going to pay to health examinations."

But it is not just with indifference that drug users regard AIDS. Many of them don't even admit that they are sick, and this is what inevitably brings them to their death. A.V.M., for example, 20 years old, who already had been hospitalized twice for AIDS treatment, for a year and a half the youth gave cocaine the top priority in his life, injecting himself as many as twenty times a day. Very thin, and extremely debilitated by drugs and by AIDS, A.V.M. made plans to do everything he had been unable to do up to now: care for his health, get a job, return to his studies, get off drugs, and, above all, relate better to his parents.

Highest Indices in Sao Paulo and Rio

Sao Paulo and Rio are the states where the incidence of AIDS among drug users is most critical, according to the Ministry of Health. In the state of Sao Paulo, where the picture is considered to be the worst, addicts, by the end of this year, will represent 20 percent of AIDS victims, according to the projections of the man responsible for Epidemiological Vigilance of the AIDS Control and Prevention Program for the state, Paulo Roberto Teixeira.

In some cities in the interior of the state, and specifically those located on the drug routes, the situation is characterized as "alarming" by Teixeira. In Sao Jose do Rio Preto, for example, 70 percent of the AIDS cases resulted from transmission through injectable drugs. The towns along the coast also worry the authorities.

According to Teixeira, it is calculated that in Santos, where drug users represent the main risk group (there are twice as many AIDS victims in that group as in the group of homosexuals), 39 out of 100,000 inhabitants are infected by the AIDS virus. In Sao Paulo, where the contamination level is considered high, the proportion is 22 out of every 100,000 inhabitants.

Another study, developed jointly by the Adolfo Lutz Institute and the Sao Paulo School of Medicine, showed that, among the prostitutes of Santos, positive readings for the virus reached 6 to 7 percent. When there is an overlap of prostitution and drug use, the percentage is 17.

Teixeira says that, confronted with this picture, the State Secretary of Health intends to develop specific programs for the prevention of AIDS and the recuperation of drug users. Experts are already seeking out the experience of professionals who work with drug users, and regard this as one of the only ways to reach this group.

12857

Meningitis Deaths Rise in Sao Paulo; Other Cases Reported

540021696 Rio de Janeiro: O GLOBO in Portuguese
20 July 88 p 6

[Text] While the state Secretariat of Health attributed only 4 deaths to meningitis meningococcus in July, the Municipal Funeral Service (MFS) indicates that the illness has already killed 35 people in the capital during the first 17 days of this month. The head of the Center for Epidemiological Vigilance of the secretariat, Alexandre Vranjac, admits that there were more than four deaths due to Type B meningitis, but points out that the MFS included in its calculations deaths caused by all types of meningitis. Meanwhile, Professor Ricardo Veronesi of the University of Sao Paulo believes that the majority of cases registered at the MFS are really Type B.

According to the MFS, of the 35 deaths, the majority were caused by "purulent" meningitis, brought on by various types of bacteria, including those of Type B. Veronesi affirms that, in view of these data, and information from the Emilio Ribas Hospital, which deals with 80 percent of the cases, 600 persons died in Sao Paulo last month as a result of Type B meningitis.

Meanwhile, the MFS registered 45 deaths by meningitis in May, and 53 in June. In July, up until the 17th, besides the 35 specific cases of death by meningitis, another 5 deaths as a result of AIDS were registered.

Vranjac feels that the MFS data are generic, and that only those of the Emilio Ribas Hospital should be taken into account. He says that the 40 cases registered this month by the hospital, and the 4 deaths, indicate an epidemic of low intensity.

Meningitis was the main topic of Governor Orestes Quercia yesterday on his program, "Good Morning, Governor." He minimized the problem, saying, "The epidemic outbreak of Type B meningitis has peaks, but fortunately falls rapidly."

The Illness Also Alarms Other States

The number of cases of Type B meningitis meningococcus is also increasing in Bahia, Santa Catarina, Pernambuco and Minas Gerais. The Bahia government says that the number of deaths registered up to now is greater than for all of last year. In Santa Catarina, the Secretariat of Health sees an outbreak of the illness, with an increase of 50 percent in the number of cases, which should double by December. In those two states, and also in Pernambuco, where there have already been 30 cases with 5 deaths, the state Secretariats of Health are informing the population as to how to prevent the illness.

In Bahia, 63 cases of meningitis meningococcus have been registered, with 23 deaths, as compared with 21 last year. The greatest incidence of the illness has been in Salvador, and in the cities of Magalhães, Santo Antonio de Jesus and Itabuna.

Since the beginning of the year, the Secretariat of Health in Santa Catarina has registered 135 cases of Type B meningitis meningococcus, as compared with 90 during the same period in 1987. The Secretariat received notification of 18 deaths, and forecasts that the number of cases will double by the end of the year. In Joinville, there were 42 cases, 18 of them just in June, which qualifies as an outbreak. Blumenau had 48 cases, 34 of them in its rural area.

In Minas Gerais, where meningitis meningococcus has already affected 56 people, the region most affected is Vale do Aço, with 10 cases and 8 deaths. The Secretariat of Health vaccinated 480,000 people in the region in order to stem the spread of the illness.

12857

CHILE

AIDS Specialist Proposes Containment Measures

540020310 Santiago: EL MERCURIO in Spanish
3 Jun 88 p 8c, C-3

[First three paragraphs are EL MERCURIO introduction]

[Text] A physician has stated that the state should invest \$20 million to subject the entire sexually active population of Chile to examinations to detect the virus.

Juan Bernal said that, "if action is not taken now, the impact of the disease will be fatal."

The Ministry of Health is conducting an investigation to determine Chileans' sexual behavior.

Gynecologist-obstetrician Juan Bernal yesterday advocated the "urgent need" to wage a massive educational campaign aimed at "subjecting the entire sexually active population of Chile to practically obligatory examinations to detect AIDS."

The specialist emphasized that, "although the initiative may be interpreted as a coercive action, it is only in this way that Chile can be certain of preventing an epidemic," stressing the fact that all plans aimed at this "should be implemented within the framework of a 'military' style strategy."

Juan Bernal voiced these ideas to EL MERCURIO, when he informed us of his views on the statistical projections concerning the spread of the disease in Chile over the next few years, to date, 77 cases have been reported to the WHO.

The specialist's estimates "are based on the spread of AIDS until now, in light of the projections made by the WHO."

The gynecologist-obstetrician and member of the British and American associations concerned with the sexual transmission of diseases emphasized that his view of the problem "is under no circumstances the result of an alarmist compulsion, but is a response to the fact that reality is demonstrating the absolute necessity of adopting radical political measures."

He based his stance on the fact that, "from the medical point of view, the fight against the AIDS virus will not be successful because medicine applies its techniques—although they have always produced results—with a knowledge of the enemy."

"However," he said, "in this case we must proceed in the opposite direction and prevent infiltration of the virus."

Making it clear that his estimates are in keeping with the way the WHO regards the situation, Juan Bernal estimated that, if the number of AIDS cases in Chile continues to double annually, over the next 5 years "the number of patients will total at least 78,000."

He argued that, according to the WHO, for every case of AIDS there are 50 or 100 more people infected with the AIDS virus. "That is to say, if we multiply this by 100, we get 7,700 people infected with AIDS. Just imagine the situation over the next 10 years."

One must also take into account, added the specialist, the margin of error in blood tests, which, "according to American norms, ranges between 0.5 and 1 percent. In the United States 460 contaminated blood donations slipped through undetected. And worse yet is the fact that four derivatives are extracted from each donation. The Department of State itself has recognized this problem."

The obstetrician maintained that his approach is based on his 15 years of experience in the field of sexually transmitted diseases and his "pioneer 'discovery' in Chile in 1983 that AIDS had spread to a heterosexual segment of the population."

Smog and AIDS

Bernal then stated that, if the medical community "has nothing concrete to counter the virus, we will have to control human behavior."

He said that the millions in financial resources and the scientific facilities at the disposal of "the Americans have not stopped its advance, nor have the Europeans, this is because the human behavior factor cannot be completely left to the discretion of individuals, expecting them to be take heed of the danger."

In view of this, the specialist has called on the authorities to take a political approach to the problem and "design a 'military' type strategy which could include an educational program requiring obligatory AIDS testing for the sexually active population of Chile."

There are approximately 6 million such persons.

He proposed that, to accomplish this, the state should invest about \$20 million, pointing out that "this is a large sum, but I do not believe that any Chilean would be shocked at our spending that much if we had to fight a war. Combatting AIDS constitutes a war and the WHO has declared this to be the case."

Juan Bernal insisted on the need for political determination, arguing that "the antismog campaign has not produced any results since everything remains at the level of intentions and there is no real interest in eliminating it right now."

Survey

In the meantime, the ministerial head of the AIDS program, Dr Raul Munoz, has asserted that "it is not justifiable in Chile to make projections regarding the future spread" of this disease "since the sexual behavior of our people may differ from that of Americans."

The expert said that Bernal's estimates are based on that variable, underlining the fact that, "without disqualifying these estimates, they do not reflect the real situation."

Munoz announced that the AIDS Commission is promoting a study designed to "determine the behavior of our population in this respect." He said that the process has just been initiated through special surveys designed to take into account Chileans' idiosyncracies.

He emphasized that the questionnaires guarantee the respondents' anonymity "since they are not asked to give their names."

Lastly, the official maintained that this information will permit them to optimally conduct the campaign which the state is promoting.

11466

MEXICO

Statistical Portrait of AIDS Victims

54002032 Mexico City EXCELSIOR in Spanish
9 Jun 88 pp 4-4, 29-4

[Text] The Health Secretariat (SSA) yesterday released its monthly report on the development of Acquired Immune Deficiency Syndrome (AIDS) in Mexico. It pointed out in the report that in the first 5 months of the year, 29 new cases were discovered, bringing the national total to 1,367 registered cases.

This figure, indicated the report by the SSA's Office of Epidemiology, puts Mexico in 13th place in the world, in terms of the number of people suffering from the disease. The first AIDS victim was reported in 1981.

Only 12 countries have reported more than 1,000 cases. Uganda (2,369), France (1,073), the United States (57,575), and Brazil (2,325) are the most significant, according to data compiled and updated by the World Health Organization (WHO) as of April 1988.

"With regard to the current status of patients in Mexico, 33 percent, 379 individuals, have died; 67 percent, 772 individuals, are still living," says the report. The current status of 216 patients is unknown.

Of adult males, 62 percent of those suffering from AIDS are homosexual, 26 percent are bisexual, and 6 percent have contracted the disease heterosexually, according to the SSA. The report noted that 94 percent of the patients were infected through sexual activity.

Of pediatric cases, 33 percent are hemophiliacs, 26 percent were infected by blood transfusions, 22 contracted the disease through perinatal contact, and 6 percent through sexual transmission.

The analysis of the AIDS cases by risk factor in adult females indicates that two-thirds of them were infected by blood transfusions and one-third through heterosexual transmission.

Men account for 1,270 AIDS cases in this country, while women represent only 97, for a ratio of 13 to 1, stated the report.

Most of the male AIDS victims are between the ages of 25 and 44, while the smallest number of victims are among those 65 and older and those 15 and under, with respective ratios of 3 to 1 and 5 to 1.

With regard to children, 49 AIDS cases have been reported, representing 3.6 percent of the total (more than 3 times the reported percentage of pediatric cases in the United States).

Distribution

According to the updated figures provided by the SSA, 37.7 percent of AIDS cases are in the Federal District. The rate of incidence in the capital is 53.3 patients per million inhabitants.

The states in the northern region of the country account for 19 percent of AIDS cases, with rates ranging from 37.6 persons per million inhabitants in Sonora to 7.6 per million in Baja California.

In the west central region, 289 cases have been reported with 171 in Jalisco, at a rate of 20 per million.

The states in the south have reported only 84 cases, of which 37 correspond to Yucatan and 18 to Oaxaca.

The SSA has investigated the patient's occupation in just 669 cases. Of this sample, 18.4 percent were in public or personal service jobs.

The SSA included in this category waiters, stylists, and pursers.

In second place, according to the report, are management employees, with 14.3 percent of the total sample.

Professionals are in third place, students fourth, and education workers (primarily teachers) fifth place.

Among health workers, 43 cases of AIDS have been reported. This category does not include professionals (such as doctors), where apparently no infection has occurred due to occupational risk.

Blue-collar workers account for 6 percent of AIDS cases, merchants and vendors 5.7 percent, and housewives 3.1 percent.

A total of 31 AIDS patients are registered as blue-collar workers, and 18 farm workers are known to be suffering from the disease, as are 19 domestic employees, 19 technicians, 5 prostitutes, and 2 prisoners.

Most of the cases, as indicated by the type of activity, appear in urban areas.

08926

INDIA

AIDS Cases Identified

*BAKSHI/INNS Daily Thangdis, Sec 1, 10 English
US 603/AF 1 Aug 88*

[Excerpt] The government today ruled out the setting up of rehabilitation centers for the patients with positive indications of AIDS disease. The health minister Mr Motilal Vora said the government will do everything possible to contain it. He said 40 surveillance centers all over the country have identified over 127,000 suspected cases. Of these, 379 are positive cases. There are four referral centers for treatment. Blood banks have been asked to take more care on accepting blood of professional donors, considered one of the carriers of the disease.

18 AIDS Deaths Now Reported in India

*SAS/INNS Calcutta THE HINDU/RAJIN English
25 Jan 88 p 3*

[Text] Shimla, June 24 (UPI)—The killer disease AIDS has claimed 18 lives in India so far, the Union minister for health and family planning, Mr Motilal Vora, said today.

He told newsmen that out of the 80,000 suspected cases of AIDS, only 279 cases had positive AIDS symptoms. He said of the 18 persons who contracted AIDS, eight were foreigners and one a prostitute who died in Maharashtra.

The eight prostitutes in Tamil Nadu who were suspected of suffering from AIDS did not have the symptoms of the disease, he added.

He said there was no cause for alarm, but all possible steps had to be taken to make people alert about the disease.

(609)

Outbreak of Smallpox Reported in Kurigram

SAS/INNS Dhaka THE BANGLADESH OBSERVER English 7 Jan 88 p 7

[Excerpt] Kurigram, June 5—Three children died of small-pox at Bahalkuri village under Bhurungamari upazila in Kurigram district recently.

According to a report Zahangir², Sahelbuddini² and Noor-e-Hasnat⁴ of the same family of Bahalkuri village died of small-pox and more than 100 children of the area have been attacked with the disease.

The health authorities are not taking effective preventive and curative measures of the disease. It is alleged.

(609)

Cholera Outbreak in Delhi

*BAKSHI/INNS Daily Thangdis, Sec 1, 10 English
US 603/AF 1 Aug 88*

[Excerpt] New Delhi, July 17 (AFP)—Health authorities have sent out an SOS for large supplies of vaccines as hundreds of people with chills and gastric infections symptoms pour into Delhi hospitals, officials said here Sunday (17 July). Some 800 cases have been reported, have been hospitalized so far. The possible spread of the daily quarantine, 50 per cent of the more serious cases in Delhi's Infectious Disease Hospital (IDH) have been cholera treatment, the officials said. The federal government has ordered additional 100,000 doses of the vaccine, but it is not yet clear how many will be available in time. The government is also launching a massive vaccination campaign in the districts threatened by the disease. In Delhi, the proportion of cholera cases has increased from 10 per cent to 30 per cent, officials said. An estimated 39 people, many of them infants, have died of gastroenteritis and cholera this month in the city of eight million people, where some 100,000 cases of cholera were reported last week, newspaper said. Mr Chowdhury said that 100,000 cases showed only 18 deaths so far and as would expect health doctors of flushing up fresh deaths.

18 Cholera Deaths, 500 Hospitalized in Karnataka

*BAKSHI/INNS Daily Thangdis, Sec 1, 10 English
US 603/AF 30 Jul 88*

[Text] In Karnataka, the death toll due to cholera and gastroenteritis has gone up to 18 with 5 more deaths reported from (Sahamoni) sub-district of Dharwad District. Official sources say over 500 people have been admitted with symptoms of cholera to the various hospitals in the district. All hotels, canteens and restaurants in the affected areas have been closed for 2 weeks as a preventive step.

Cholera Epidemic Toll in Delhi Reaches 143

*BAKSHI/INNS Daily Thangdis, Sec 1, 10 English
US 603/AF 30 Jul 88*

[Excerpt] Fourteen more people died of cholera in the capital today. With this the toll has reached 143 since the outbreak of the epidemic. The situation was reviewed at a high level meeting in New Delhi today. The Delhi administration launched a drive to prevent the epidemic. Cleaning operation was started in the affected localities although the progress is slow.

IRAN

Country Reportedly Remains Free From AIDS

54004*13 Tehran KAYHAN INTERNATIONAL (in English) 2 Jun 88 p 6

[Text] Tehran, 1 June (KAYHAN INT'L)—According to a recent bulletin of World Health Organization (WHO), the Islamic Republic of Iran is among the countries in which no cases of Acquired Immunity Deficiency Syndrome (AIDS) have been reported.

Afghanistan, Bahrain, Somalia, Libya, Iraq, North and South Yemens are other countries in the world with no AIDS record.

(12232

Pest-Control Protocol Signed With Soviets

460001700 Tehran KAYHAN INTERNATIONAL (in English) 2 Jun 88 p 6

[Text] Tabriz, East Azarbaijan Prov., 6 June (IRNA)—Four Soviet agronomists arrived here last week to explore the ways and means for fighting plant diseases afflicting the flora of the Iran-Soviet border areas.

According to protocols signed between Iran and the Soviet Union last week, the two countries' experts will annually visit joint border areas for improving their pest-control strategies.

(12232

FEDERAL REPUBLIC OF GERMANY

Research Minister Presents Report on AIDS Research

54002513b Frankfurt/Main: FRANKFURTER
ALLGEMEINE ZEITUNG (in German) 31 May 88 p. 11

[Article entitled "AIDS Researchers in Many Disciplines Collaborating in Munich"]

[Text] Now, 1 year after being announced, the first projects which the Ministry for Research in Bonn wants to use to eliminate a weakness in AIDS research at German universities, namely the lack of sufficiently large interdisciplinary research teams, are being translated into reality. Following the example of the special research areas of the German Research Association two teams financed by the Ministry are beginning their work in Munich. In 10 subprojects the first team is supposed to identify the molecular bases of the development of vaccines and therapy in connection with AIDS infections. Not only university clinics and advanced school institutes are participating, but also scientists from the Max-Planck Institute for Biochemistry and the Neuberger Society for Radiation and Environmental Research. In the next 2 years the Ministry will pay DM3.3 million for this. The equally large second research team, consisting of staff members from the same institutions, is to focus on "HIV infections and the nervous system." Similar groups are also planned for Frankfurt (clinical AIDS research) and Goettingen/Hannover (thermotherapeutics).

Minister for Research Riesenhuber recently stated when submitting an interim report on AIDS research that in the FRG today there are about 70 groups with a total of 500 scientists active in AIDS research. Since 1984 the Ministry has made available DM55 million from the health research program beyond the regular institute budgets. The assurance that no significant project should fail for lack of money is, however, meaningless if there are not enough AIDS researchers at German universities. At the advanced schools apparently individual, often young scientists are encountering difficulties if they undertake AIDS projects or organize research teams and also want to use university facilities—in addition to funding from third parties, such as the Ministry for Research. In the spring the Ministry's group of advisors on AIDS again processed 35 applications for financial support, but thus far only one third have been approved (including the two Munich groups). The word at the Ministry for Research is that there will no longer be many more projects at universities.

In its recommendations on the structure of the advanced schools the Scientific Council pointed to a way out of this situation: Third-party funding should also provide an amount for the use of university facilities so that the advanced schools become more interested in scientists focusing on AIDS research. And the German Research

Association with its new Gerhard Hess Program has also created an opportunity for younger generation scientists to receive funding from the Association of Foundations for organized research teams.

The report from the Ministry shows that in some areas of German AIDS research there has been success in linking up with scientific developments in other countries. An important finding in epidemiology reveals that the number of individuals infected with HIV in the FRG is "more likely at the lower limit" of the estimated range of between 300,000 and that (inside the risk group AIDS is not spreading in any substantial way. The number of HIV positive blood donors is now infinitesimally small today blood transfusion products can be almost completely checked with HIV antibody tests. But it is impossible to predict when a vaccine can be made available. Short-term ingenious solutions are meaningless, only soundly designed basic research has any chance of success according to the minister for research. A sizable number of immunological studies is enumerated in the interim report, important progress in this basic research is expected from one of the Munich teams. After German scientists have extensively characterized the enzymes which are decisive for the propagation of HIV (protease, reverse transcriptase), then the search for better inhibitors can proceed more purposefully than previously.

In the new grant applications submitted this spring it became apparent in the clinical research sector that there were often not enough patients available for studies, thus, collaboration with other countries is essential. In the Bonn Ministry for Research sociological and sociological projects are viewed as new fields for AIDS research which would still be able to employ university researchers. Also, the laws by which the infection spreads must be determined, prototype calculations must be undertaken. Of course restrictions which are imposed by data privacy and personal privacy are frequently encountered in epidemiology.

12124

CDU, CSU Fail To Agree On Unified AIDS Strategy

54002412d Bonn/Berlin: DIE FRANKFURTER ZEITUNG (in German) 26 May 88 p. 7

[Article by Gerd Rosenkranz: "Two Opposing Views of AIDS"]

[Text] The CDU and CSU still cannot agree on a unified strategy for combating AIDS. That was the result of a recommendation for a resolution for the conference of CDU/CSU party leaders at the Federal and State levels, which this newspaper has seen. In the document, which is scheduled for publication on Friday, references are made to "two competing viewpoints in the fight against AIDS in Germany." Without expressly mentioning the

State of Bavaria by name, warnings are issued "concerning a polarization that could make combating a disease a political issue," and in this way, "could promote the unjustified isolation of segments of the population."

The document was drafted by a commission of CDU-CSU spokespersons concerned with the coalition's position on health-related policies in June 1987. A representative of the Suessmuth ministry and the Bavarian hardliner Peter Gauweiler offered their services "in an advisory capacity." From the "Report on the Work of the AIDS Commission," which was also made available to this newspaper, it is evident that the commission relied heavily on the Bavarian proposals, which were supported in part by the representatives from North Rhine-Westphalia and Rhineland Palatinate. Possible procedures against all groups categorized as "suspected sources of infection," and particularly against the "recalcitrant" were outlined in detail. As far as the Bavarian representatives are concerned, drug addicts and prostitutes are considered suspect, *per se*, whereas in the opinion of the other commission members, this factor "alone" was no basis "for suspicion of infection in a legal sense." The majority of the commission "rejected a search specifically directed at the 'recalcitrant,' according to the commission's report, but the Bavarians went to "pursue recalcitrance" among those groups classified as "suspected sources of infection." Regarding the "activities of the self-help groups (particularly the homosexuals)," the commission barely managed to formulate a statement that their work was "positive and of value." They said an effective monitoring of public funds was necessary, however, and, that an "educational monopoly on the part of the self-help groups" should be rejected.

In two key points, the Bavarians were able to enlist support for their position from North Rhine-Westphalia: the representatives from both States want to stipulate "the HIV test as a legal requirement for acceptance as a career official as necessary proof of suitability where health is concerned." In addition, Bavaria and NRW require compulsory testing on "a legal basis" for inmates of penal institutions. Prisoners who refuse the test are to be "treated routinely as if they were HIV positive as they serve their sentences."

The individual measures suggested are hardly taken up in the coalition leaders' concluding remarks. Instead, the final document praises the successes of the Suessmuth AIDS campaign. The resolution concludes that "further measures could become unavoidable as knowledge increases. The appropriate action for the State to take will be dictated by the development of the disease."

Max Planck Institute Launches AIDS Research Projects

Staff Writer, *Frankfurter Allgemeine Zeitung* in German News Service

[Article by Staff Writer, "General Meeting of the Max Planck Society in Heidelberg"]

[Text] The Max Planck Society (MPS), in cooperation with the German Primate Center in Goettingen, will found a research group dealing with AIDS. MPS President Staab reported in Heidelberg that the group's three projects would deal with retrovirology (The virus that causes AIDS, HIV, is a so-called retrovirus). In addition, a conference jointly initiated by the German Research Foundation (GFR) and the MPS will soon convene under the leadership of Dr. zur Hausen, the Director of the German Cancer Research Center in Heidelberg. It will begin by surveying the current status of AIDS research, and it will provide advice concerning where the emphasis in new research should be placed.

At the beginning of the MPS's general meeting, which continues until Friday in Heidelberg, Staab voiced his concerns about the projected Federal embryo protection law. Both the MPS and GFR supported reasonable and ethically necessary limits to such research, but the legislators should not formulate laws that could hamper important and ethically necessary work in this field in the future. He also said that in any case, research involving human embryos was not being conducted in the Max Planck Institutes, nor was any such research anticipated for the future. Staab expressed his disappointment that funding for the MPS for 1988 did not live up to what had been planned and decided upon. The 5-percent increase in the budget approved by the Bundestag and the State Governments for 1988 was being questioned because the Bundestag's budget committee had planned to make cuts across the board. Such a move was inconceivable given the unanimity in matters of research policy with which it was decided to increase support of the MPS at both the Federal and State levels. Even the 40-million DM mark program to up-date the equipment in the Max Planck Institutes was not acted upon in spite of the fact that the Federal Government and the States recognized its validity and agreed to its scope. Staab expressed the hope that this program could begin by 1989 at the latest.

If the financial difficulties can be overcome, the MPS would like to establish the Institute for Information Science in Saarbrücken, which has been planned for a long time. This institute will do basic research, particularly in the area of parallel processing computers. It is possible that an 8-year project group on "cognitive anthropology" will be established in Berlin. It would be the task of this group to do research on the organization of systems of knowledge. There continues to be a lack of clarity concerning the plans for a Max Planck Institute of Terrestrial Ecology in the Institute for Marine Biology that was suggested for Bremen.

Government had met its obligation regarding health and civil rights policy with regard to combating the disease which compromises the immune system in an effective and comprehensive way. The well-considered compensation policy which compensates victims for the public at large, advice and assistance for those affected, and legal rescue in the interest of the public health is the most effective strategy for combating AIDS.

11748

Extensive Immunization Against Hepatitis-B Recommended

Abstract From *Frankfurter Allgemeine Zeitung* (F.A.Z.)
HEALTH MATTER. PATIENTS. - (Frankfurt 71 MAY 88) p. 4

[Text] Every year 20,000 people in the FRG contract hepatitis-B (infectious jaundice), primarily individuals who are active in the health services. As a member of the German Green Circle, the Munich biologist Prof. F. Dreyhardt with WHO in Geneva stated that nurses or doctors in industrialized countries being exposed to such a risk today only because they have not been immunized is not longer tolerable. It is true, not only medical personnel are in danger, but in this group hepatitis continues to be the most frequent occupational disease affecting about one-third of the persons in question in the course of their lives.

In the FRG the first vaccine for hepatitis-B came on the market in 1982. However, since it is obtained from the blood plasma of infected individuals, it initially encountered skepticism among doctors. They were apprehensive that the vaccine could be a transmitting agent. This fear proved to be unfounded, production methods make transmission of infectious material impossible. Since 1983 there has also been a vaccine which is manufactured using methods of genetic engineering and which is comparable to the plasma vaccine in terms of effectiveness and tolerance. Currently hepatitis vaccines are available from four companies in the FRG. The dangers from hepatitis-B stem from the fact that it frequently is not cured and the infected person remains infectious for his environment for the rest of his life. According to estimates from WHO, worldwide there are about 800 million permanently infected people, they represent the source of the spread of hepatitis. Some 40 percent of them die from the delayed consequences of the disease from cirrhosis of the liver and liver cancer. Every year one million people die from hepatitis-related liver cancer alone. Thus, vaccination also means cancer prophylaxis.

In developing countries where hepatitis-B primarily threatens infants and small children who are infected by their mothers, for instance, which manifests itself after being born 50 to 90 days, is a disease of young people. In industrial countries, on the other hand, it primarily affects 70 and 80 year old people because in these countries infection usually occurs much later, mostly during their professional life.

In order to eradicate hepatitis-B, part of the smallest, the concept of universal mass vaccination. This is a vaccine in which many countries, like Switzerland or Federal WHO recommend mass vaccination during infancy. It is critical tests are being conducted to determine whether hepatitis vaccination can be combined with other vaccinations in childhood. In industrialized countries where the rates of infection can be estimated at under 1 percent it is sufficient to vaccinate only adults with increased risk. This mainly includes those individuals who in the course of their work in health care have close contact with blood and body fluids. We are planning a long way from general vaccination of this risk group. Every employee in the health sector should have access to a medical practice or, in a hospital or a hospital should say so, in that the employees are vaccinated. All medical employees should be vaccinated as the frequency of their contact with patients requiring vaccination is more and medical personnel should be vaccinated under future hepatitis vaccination.

In the FRG there is still no generally uniform regulation as to employers or health care providers appointing the necessary and costly. In Germany, Dreyhardt said that apart from the official duty of protection there is a strong which often has substantial consequences from a purely mathematical point of view. The benefit for hospital personnel outweighs the spreading costs of vaccination. Beyond the medical personnel there are a number of other people who themselves should have themselves vaccinated. These include immigrants, drug addicts and hemophiliacs, dialysis patients, contact persons of recipients and those who come into contact with them. Finally, travelers who intend to travel to high risk areas—that is, virtually all countries south of the Sahara—must be included. Vaccinating adults makes sense only at the beginning of their adult life because there is almost a 100 percent chance that they will contract hepatitis during their "drug career" should use of needles and from engaging in prostitution for drugs. Moreover, hepatitis is transmitted in the same way AIDS, ie, possibly even at the same time from blood contact and sexual intercourse. Thus, the same groups of people are also at risk and the similar preventive measures are the same as those for AIDS. Vaccinating those infected with HIV who have not yet contracted AIDS is also recommended because a hepatitis-B infection appears to accelerate the outbreak of AIDS in HIV positive individuals. Vaccinating against hepatitis-B also means help in this instance. Total elimination of hepatitis-B is actually in sight thanks to the possibility of vaccination, however, it cannot be achieved in the foreseeable future because, as noted in Germany by V. Lohmann of WHO, the available vaccines for mass vaccination are still too expensive and are expensive in developing countries. To achieve these immunization rates, it will require production of a vaccine by the fermentation of bacteria. The third to be vaccinated are 100,000 babies in their different situations for example, for example, as independent care among the mothers of being their infants for the first 24 hours of existence.

but takes more than a third time for the second and third. Thus, operation is now taking you through the vaccine in such a way that the formation of sufficient antibodies is achieved with a single injection.

Determining the level of antibodies 4 weeks after the last vaccination is likewise virtually impossible in Third World countries. Yet this is necessary because on the one hand vaccination is unsuccessful in 10-15 percent of those vaccinated because they have too few antibodies, and on the other hand in those successfully vaccinated the length of the time of protection from the vaccine depends on the maximum amount of antibodies developed (the more antibodies, the longer the protection). Over the years the number of antibodies decreases, so the average revaccination must be done after 5 years. Whether vaccination will possibly afford protection for life—like a case of viral hepatitis—is at present still unclear, but not out of the question.

A further obstacle to mass vaccinations of poor countries is the cost of the vaccine. Nonetheless, at least about 10 million people have been vaccinated. In the ERG, in other words the cost is between DM100-150 per dose (either three or four doses are required depending on the vaccine). As indicated in Geneva, the limit of what can be paid in developing countries appears to be reached when the price is about \$10 per dose. Liberman said that two manufacturing companies in the Far East were now offering plasma vaccines for \$1 per dose. However, these vaccines do not meet Western safety standards.

(17/24)

ITALY

Small Industrialists Request Mandatory AIDS Testing

APR 27/88 Rome. L'ESPRESSO, January 18 last, 88 p. 11.

[Article by Sergio Venturi]

[Text] Milan—In the factory, they would perhaps accept them without any discrimination. But they want to know whether their employees are or are not, seropositive. Although small industrialists are returning to the attack. They are asking for the anti-AIDS test for all job applicants. They do not (yet) care about asymptomatics, but they are asking for at least periodic checks using the examination already provided by the law. Sensitive to the situation of wanting to push aside the water, they are leaving to the president of the Association of Small Industrialists (API) Franco Tognoli, the task of defending them: "We do not want to keep a file on anyone, or even look for someone off with the excuse of illness. We simply feel the obligation to safeguard the health of employees with those who are seropositive and those who could become so accidentally. Today we do not know anything. And there is a great need for knowledge."

Within the industry's walls, it is the Mafia's rule: during the meeting of the Mafia's committee on AIDS and Drugs, the API in this respect had a test being exactly 2 months after launching similar proposals. Another authoritative body, that is the director of Italian prisons, Prof. Nando Amato, had shortly before again made the request against the compulsory testing of all prisoners. For their part, the owners are proposing that those who are sick with AIDS, and who cannot work, receive a monthly allowance, a kind of "pension." The cost could be borne, possibly, by the companies, who would be relieved of the burden (also through tax relief). However, the secretary of the UIL (Italian Union of Labor), Benvenuto, reaffirmed the "no" decision by the trade union. For those afflicted with AIDS he calls for extension of the benefits already provided for those with tuberculosis about 5 million that is today not spent but simply transferred to the national health fund.

"The owners would do better to contribute to the struggle against AIDS by supporting an information campaign among the workers," said Benvenuto. "For themselves they could lower the expensive expense of employees in numerous harmful spaces and reduce the too-frequent accidents."

Though there are no data on activities of this kind, it is evident that shipping doctors are more and more often conducting anti-AIDS tests without the knowledge of those concerned. It is difficult to deny that a young person already dismissed as having no future, or already for a long time, conditions (perhaps, from experimenting with drugs) would also find the burden of being seropositive at work. More than anything else, observed Benvenuto, "this young person would feel persecuted." And then, the trade unions, along with the owners, blame the government for not yet having released the funds allocated in 1987 to the scientific commissions involved in research (but, two hospitals in Italy, Sacco in Milan and Stablandini in Rome, are already at risk of closing the affected, and even their small increasingly difficult conditions). Today nothing of the prevention plan, which has been proclaimed several times, yet with apparently not say the right before September/October. The information program is blocked by the bureaucracy of DMG. Cases regarding the already prepared, given that also use of the condom as a preventive measure. Also as a result of the meeting, from several well-known circumstances at the recent scientific conference in Stockholm.

SWEDEN

Medical Association Supports Free Syringes for Drug Addicts

Seen Slowing AIDS Spread

APR 24/88 Stockholm. The Swedish TV, VTTV, 24 April, 88 p. 11.

[Article by Anna Sjöström]

[Text] The Swedish medical association has agreed and announced that it will support the free distribution of

Increased powers for infectious disease specialists who will be allowed to learn the identity of those infected with HIV. Those are the Medical Association proposals in its first united assessment of how to combat AIDS and the HIV infection.

The physicians are also of the opinion that the care of the elderly is a greater socioeconomic problem than AIDS.

For the past year, the Medical Association has been working on two reports. Last Wednesday, the association presented its proposals which were submitted by a fairly united group of physicians.

The most controversial proposal made by the physicians, is the organized exchange of syringes and needles for intravenous drug abusers and increased methadone treatment for heroin addicts.

Risk Group

"Intravenous drug abusers constitute a risk group for the HIV-infection, since they often share syringes and needles," says Johan Carlson, an infectious disease specialist and chairman of one of the committees.

"In order to prevent the spread of the HIV infection both in and out of the drug abuse group, free syringes and needles should be distributed. This is being done on a trial basis in Lund and we feel that the results are promising. By means of the syringe program, the Medical Service has made contact with many unknown drug abusers."

As far as heroin addicts are concerned, the Medical Association is primarily concentrating on persuading the addicts to act in a less dangerous manner as far as spreading the infection is concerned.

"The experimental methadone treatments at Ulleraker have turned out well and have probably reduced the spread of the HIV infection," says Johan Carlson.

The report also refers to American experiences, where heroin addicts, who joined the methadone program at an early stage, developed AIDS to a lesser extent than patients who joined the program later.

Sigurdson Against

The Medical Association's views on free syringes are not shared by the minister of social affairs, Gertrud Sigurdson, who cites the previous reports by the AIDS commission.

"The experiments in Lund must, first of all, be evaluated and integrated with experiences in other countries, before I change my point of view," she says. "The requirements of the Drug Addict Care Act must also be satisfied."

The minister for social affairs fears that free syringes may lead to increased drug abuse and, in the long run, to increased spread of the HIV infection.

As far as methadone treatments are concerned, a resolution about expanding the number of offices already exists.

It is the opinion of the Medical Association that additional efforts to prevent the spread of the HIV infection should be concentrated on information. By means of information, it is hoped that more people will have themselves tested and change their behavior and that panic and discriminating reactions will be prevented.

The physicians also want to give greater powers to the infectious disease specialists. Currently those specialists receive reports about new HIV cases in coded form only. The treating physician alone knows the identity of the HIV infected individual.

As a result the infectious disease specialist cannot trace the history of the infection. In order to give him greater powers to intervene, the Medical Association wants him to know the identity of the HIV infected individual.

The minister of social affairs, Gertrud Sigurdson, is not prepared to violate the anonymity of those infected with HIV. A new Infection Protection Act proposes that, even in the future, HIV reports are to continue to be coded.

The Medical Association does not believe that the costs for the AIDS care are going to be particularly excessive.

"More beds will be needed for AIDS patients," says Johan Carlson. "Neither increased training for the physicians nor extended primary care is necessary, however. The age distribution within the population creates a far greater problem with long-term and home care than with AIDS."

The Medical Association does not feel that mass testing of the Swedish population is a good method for tracing HIV infection. Nor does it believe in routine testing of hospital patients, only of certain groups of patients.

The Association wants to retain the forcible internment of persons who deliberately spread the infection, but it wants a discharge committee to decide when a person can be set free. Currently physicians make that decision.

Narcotics Officials Oppose

5400,24084 Stockholm DAGENS NYHETER in Swedish 20 Mar 88 p 6

[Article by Mats Holmberg, "Free Syringes For Drug Abusers. Physicians Cannot Be Penalized"]

[Text] Swedish physicians are distributing free syringes to drug abusers without risk of punishment. They can continue to do so even after 1 July, when anything to do with narcotics becomes a punishable offense.

With the support of the National Social Welfare Board, the infectious disease clinics in Malmo and Lund are prescribing syringes for drug abusers. Other physicians are giving out syringes on their own to prevent the spread of HIV infection between drug abusers who share syringes.

Government lawyers feel that these physicians will not have committed a crime even after 1 July.

"It may seem contradictory that the society provides the means for an activity that is termed illegal," says Undersecretary of State Sten Heckscher at the Justice Department.

Physicians' Proposals

"That contradiction already exists, however. It is illegal to handle a syringe containing narcotics. It is not necessarily illegal to give it away."

Sten Heckscher feels that it is out of the question that physicians, who distribute syringes, with or without permission, could be convicted in a court of law.

Last Wednesday, the Medical Association proposed free syringes for intravenous drug abusers in its first united assessment of how to combat AIDS and HIV infection. The minister of social affairs, Gertrud Sigurdson, opposed the proposal fearing that free syringes would lead to increased drug abuse.

In reality, the government has, for a long time, accepted the distribution of free syringes. Even before the proposal, making all use of narcotics a criminal offense as of 1 July, was presented, the government lawyers gave their special assurance that it would not affect the free syringes.

Changes Nothing

"The law does not change anything in that respect," says Kurt Danielsson at the ministry for social affairs. "According to our lawyers, contributing to the illegal use of narcotics will still be exempt from punishment."

On the other hand, according to Kurt Danielsson, the possibility exists that a physician, who distributes syringes without permission could be convicted by the Liability Board.

The head of the AIDS office at the National Social Welfare Board, Professor Robert Olin, does not even believe in that possibility.

"As far as I can see, anyone will get off scot-free, who bases his case on science and proven experience," he says. "On the other hand, we do not encourage anyone to distribute syringes without permission."

The government has charged the National Social Welfare board with presenting a joint assessment, before 1 November, of the pros and cons of free syringes. It is already known that the physicians at the infectious disease clinics in Malmo and Lund, as well as most of the country's infectious disease specialists, feel that the advantages outweigh the disadvantages.

Created Concern

The majority of the experts on the war against drugs are critical, and the National Social Welfare Board has asked the Institute for Social Research in Lund to investigate the effects from the point of view of social services.

"We will also consider experiences abroad in our assessment," says Robert Olin. "And naturally we must also take legal questions into consideration."

The law has caused concern at the infectious disease clinic in Lund.

"We do not know how to interpret it," says Dr Mats Hugo-Persson. "We feel that the experiments with free syringes have moderated the spread of HIV infection and we would very much like to continue. However, we believe that this might interfere with our activity."

According to Mats Hugo-Persson, the greatest risk lies in the fact that the drug abusers, who now visit the clinic in order to get syringes, will be afraid to return.

Criticism

The head of the Narcotics Division in Malmo, Sten Dahlquist, is critical of the law that will make drug abuse a criminal offense. He does not believe that it will be applied either to drug abusers or to the physicians who distribute the syringes.

"Logically speaking, the physicians are promoting a criminal act and should be punished," he says. "But you cannot legislate against drug abuse. It would be inhumane to penalize physicians who help protect the drug abusers against AIDS."

According to Sten Dahlquist, the law is not written clearly enough to be applied in a consistent manner.

12339

TURKEY

AIDS Developments

12th Victim Dies

54002518 Istanbul GUNAYDIN in Turkish
9 Jun 88 pp 3, 9

[Article by Mustafa Altintas: "Mehmet Of Zonguldak Is 12th AIDS Victim"]

[Excerpts] Zonguldak—AIDS has claimed its 12th victim in Turkey. Mehmet Toprak, who contracted AIDS from blood transfusions received while working in Germany, died at his home in Devrek District. Mehmet

Toprak was brought secretly to his hometown in Devrek by his son and died soon afterwards.

Toprak's body became a problem after his death. No imam in Devrek came to wash the body, and local authorities were informed. District Officer Vahdettin Ozcan checked with government medical officers to find out whether washing the body of an AIDS victim was objectionable from a health standpoint and was told that "washing is permissible provided gloves are worn." He then assigned an imam to wash the body, but the imam did not wish to do so. Mehmet Toprak's son then donned gloves and washed his father's body himself.

Lime was spread in the grave where the body was buried. Devrek Mufti Kemal Karli said, "A body can be buried without washing. The best thing is to lime the body and cremate it. There is no religious objection." Eleven other AIDS victims have died in Turkey.

Employees Fear Test

54002518 Istanbul CUMHURİYET in Turkish
19 Jun 88 p 18

[Text] Antalya (AA)—The AIDS test supposedly administered to employees of tourist and municipal facilities reportedly was unable to be given in Antalya "because the personnel were afraid." Emphasis was placed first on educational efforts to eliminate people's anxieties, according to Health and Social Assistance Provincial Directorate authorities. They have completed educational sessions at Side and Manavgat and are waiting for requests for the Eliza test. Authorities said that plans call for 100,000 personnel at nearly 150 facilities to be given the AIDS test and the fee for the test is about 7,000 or 8,000 liras per person.

8349/12232

UNITED KINGDOM

AIDS Scare Said To Lead To Fall in Venereal Disease Rate

54500146 London THE DAILY TELEGRAPH in English 16 Jun 88 p 2

[Article by David Fletcher, Health Services correspondent]

[Text] The AIDS scare has led to a big drop in the number of cases of gonorrhoea and syphilis, but the incidence of sexually-transmitted diseases in general is at a record level, the Department of Health said yesterday.

The number of new cases treated at NHS clinics had increased each year since 1976 and reached a record 647,000 in 1986, the latest year for which figures are available.

The number of women with sexually-acquired conditions rose even faster than the number of infected men and accounted for 46 per cent of the total.

A quarter of new cases proved not to need clinical treatment, suggesting that large numbers of people feared they had been exposed to a sexually-transmitted disease but were found to be clear on examination.

The report said the incidence of syphilis and gonorrhoea had declined over the last ten years, accounting for seven per cent of new conditions in 1987 compared with 16 per cent in 1976.

"Although now relatively small in absolute terms, the incidence of these two diseases is an important indicator of the spread of HIV infection.

"The fact that the male rate for gonorrhoea has been declining faster than the female rate recently may indicate changing patterns of behaviour among homosexuals as they become aware of the mode of spread of AIDS."

Future levels of these conditions would be helpful in assessing the effect of public education campaigns on AIDS.

The incidence of genital warts had increased considerably over the last ten years and now accounted for more than 10 per cent of all new cases.

Although the condition was more common among men, the rate had almost trebled among women in the past ten years.

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